



CANNON BUILDING  
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STATE OF DELAWARE  
**BOARD OF HOME INSPECTORS**

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**APPLICATION FOR LICENSED HOME INSPECTOR BY ENDORSEMENT**

**INSTRUCTIONS**

**When to Apply**

File the *Application for Licensed Home Inspector by Endorsement* application when **all** of the following apply:

- You hold *current* licensure/certification as a Home Inspector in any jurisdiction (state, U.S. territory or District of Columbia).
- You do not qualify for licensure based on the [grandfather provision](#) which expires November 4, 2013.

If you do not hold a *current* license/certification in any jurisdiction nor qualify based on the grandfather provision, you must register as a [Home Inspection Trainee](#).

**Requirements**

- ☐ Submit completed, signed and notarized [Application for Licensed Home Inspector by Endorsement](#).
- ☐ Enclose non-refundable [processing fee](#) by check or money order made payable to "State of Delaware."
- ☐ Arrange for the Board office to receive a letter of good standing *directly* from each jurisdiction where you have ever been a trainee or held a license or certification.
- ☐ If you have been licensed **less than five years in all jurisdictions** where you are **currently** licensed, submit copies of the other jurisdictions' licensing law and rules and regulations for the Board to review. You do **not** have to provide this documentation if you have been licensed *five or more years* in any jurisdiction where you hold a *current* license.
  - The Board will determine if any of the jurisdictions' licensure requirements are substantially similar to those of Delaware.
  - If the Board determines that none of the jurisdictions where you hold a *current* license has licensure requirements substantially similar to those of Delaware **and** you do *not* have five years of home inspector experience in any of those jurisdictions, you cannot qualify for Home Inspector licensure by endorsement. In this situation, you must file an [Application for Home Inspector Trainee](#).
- ☐ Arrange for the Board office to receive a certificate of *Liability, Errors and Omissions Insurance*, sent *directly* from the insurance carrier to the Board office.
  - You or your employer must carry at least \$50,000 of errors and omissions insurance and at least \$250,000 of liability insurance.
- ☐ If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).
  - *The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants:* Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

**IDENTIFYING AND CONTACT INFORMATION**

1. Name: \_\_\_\_\_  
Last First Middle initial
2. Other Names Used: \_\_\_\_\_  
(Include maiden, other married, alternative spellings.)
3. Date of Birth (month/day/year): \_\_\_\_\_ Gender: ☐ Male ☐ Female
4. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐ If yes, enter your SSN: \_\_\_\_\_  
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).

5. **Mailing** Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip code
6. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### INSURANCE INFORMATION

7. Do you or your employer carry at least \$50,000 of errors and omissions insurance and at least \$250,000 of liability insurance? Yes ☐ No ☐ **If no, skip to the LICENSURE HISTORY section. If yes, check one:**
- ☐ I carry the required amounts of insurance.
- ☐ My employer carries the required amounts of insurance. *If you check this item, complete the following:*
- Employer Name: \_\_\_\_\_
- Employer Address: \_\_\_\_\_
- Employer Phone: \_\_\_\_\_ Employer Email: \_\_\_\_\_
8. Name of Insurance Carrier: \_\_\_\_\_

**Arrange for the Board office to receive a certificate of *Liability, Errors and Omissions Insurance*, sent *directly* from the insurance carrier to the Board office.**

### LICENSURE HISTORY

9. Enter the following information about each trainee or home inspector certification/licensure that you have ever held in any jurisdiction:

JURISDICTION	LICENSE NUMBER	STATUS (e.g., active, inactive, expired)	ISSUE DATE

**Arrange for the Board office to receive a letter of good standing *directly* from each jurisdiction where you have ever been a trainee or held a license or certification.**

10. Have you been licensed/certified for *five or more years* in any jurisdiction where you now hold a *current* license/certification as a Home Inspector? Yes ☐ No ☐

**If you have been licensed *less than five years in all jurisdictions* where you are *currently* licensed, submit copies of the other jurisdictions' licensing law and rules and regulations for the Board to review. If you have been licensed/certified five or more years in any jurisdiction where you hold a *current* license, this documentation is not needed.**

### DISCLOSURES

11. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or other criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes ☐ No ☐ **If yes, submit a complete explanation and a certified copy of your criminal history record from any jurisdiction in which you have been convicted or pardoned. For information on obtaining a Delaware criminal history record, see [State Bureau of Identification](#).**
12. Are any criminal charges pending against you in any jurisdiction? Yes ☐ No ☐ **If yes, submit a certified copy of your criminal history record.**

13. Have you ever received any administrative penalties (disciplines) regarding your practice as a home inspector, including but not limited to fines, formal reprimands, license suspensions or revocation (except for license revocations for nonpayment of license renewal fees), probationary limitations, **or** have you entered into any agreements which contain conditions placed by a regulatory agency on your professional conduct and practice, including any voluntary surrender of a license, certificate or registration in Delaware or elsewhere? Yes ☐ No ☐ **If yes, submit a copy of the agency's order and a written explanation.**
14. Are any disciplinary proceedings or unresolved complaints pending against you in any jurisdiction where you are currently, or were previously, licensed, certified, or registered? Yes ☐ No ☐ **If yes, submit a written explanation.**
15. Do you have any impairment related to drugs or alcohol that would limit your ability to act as a home inspector in a manner consistent with the safety of the public? Yes ☐ No ☐ **If yes, submit a written explanation.**

**To assure consideration of your license application at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the meeting date:**

- **Completed, signed and notarized application form**
- **Fee payment**
- **All required supporting documentation.**

**Applications that are not complete within 12 months of filing may be considered abandoned and discarded. When your application is complete, please allow 4-6 weeks to receive your license.**

### **AFFIDAVIT**

I, the applicant, being duly sworn according to law, depose and say that the answers above set forth are true to the best of my knowledge and belief and that the application is made for the purpose of inducing the issuance of the license requested. I hereby confirm that I have read and agree to abide by all home inspector laws and rules in the State of Delaware and agree to cooperate with any investigation initiated by the Delaware Board of Home Inspectors including providing relevant documents and personally appearing before the Board and/or its investigators.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

Signature of Notary Public: \_\_\_\_\_

SEAL

My commission expires: \_\_\_\_\_

***APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR SUBMITTED WITHOUT THE REQUIRED PROCESSING FEE WILL BE REJECTED.***